Effective October 1, 2000 09/751943												943
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THA				
TOTAL CLAIMS			$\supset 0$					RATE	FEE	7	RATE	FEE
FOR			1	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 355.00	OA	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• 0		1	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		• 0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								405		1		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=	-	OR	<u> </u>	7/2
CLAIMS AS AMENDED - PART II								TOTAL	L	JOR		110
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVICE PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL EEÉ
	Total	. 20	Minus	2	9	=	Ш	X\$ 9=		OP-	X\$18=	
	Independent	. 3	Minus	··· 3		=	1 t	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	1		
							Ł	4135=	<u> </u>	OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
Г		(Column 1)	A PROPERTY OF THE PARTY OF THE	(Colun		(Column 3)	, 1 ,			•		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> -</u>	Minus	•••		± ·	$I \vdash$	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╏┝			OR		
								+135=	-	OR	+270=	
							AD	TOTAL DIT. FEE	,,,,,	OR ,	TOTAL ADDIT, FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)				_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE_
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		ı	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A4V=		OR	∧ov=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** OR +270= ** TOTAL OR ** OR *												
	l the "Highest Nur	mber Previously Pa mber Previously Paid ber Previously Paid	id For IN THI:	S SPACF is	less than	3 enter "3"	AUI	DIT. FEE			ODIT. FEE L	
												[

Application or Docket Number